

SUBCHAPTER XV—HEALTH INFORMATION AND HEALTH PROMOTION

§ 300u. General authority of Secretary

(a) Development, support, and implementation of programs, activities, etc.

The Secretary shall—

(1) formulate national goals, and a strategy to achieve such goals, with respect to health information and health promotion, preventive health services, and education in the appropriate use of health care;

(2) analyze the necessary and available resources for implementing the goals and strategy formulated pursuant to paragraph (1), and recommend appropriate educational and quality assurance policies for the needed manpower resources identified by such analysis;

(3) undertake and support necessary activities and programs to—

(A) incorporate appropriate health education components into our society, especially into all aspects of education and health care,

(B) increase the application and use of health knowledge, skills, and practices by the general population in its patterns of daily living, and

(C) establish systematic processes for the exploration, development, demonstration, and evaluation of innovative health promotion concepts;

(4) undertake and support research and demonstrations respecting health information and health promotion, preventive health services, and education in the appropriate use of health care;

(5) undertake and support appropriate training in, and undertake and support appropriate training in the operation of programs concerned with, health information and health promotion, preventive health services, and education in the appropriate use of health care;

(6) undertake and support, through improved planning and implementation of tested models and evaluation of results, effective and efficient programs respecting health information and health promotion, preventive health services, and education in the appropriate use of health care;

(7)(A) develop model programs through which employers in the public sector, and employers that are small businesses (as defined in section 632 of title 15), can provide for their employees a program to promote healthy behaviors and to discourage participation in unhealthy behaviors;

(B) provide technical assistance to public and private employers in implementing such programs (including private employers that are not small businesses and that will implement programs other than the programs developed by the Secretary pursuant to subparagraph (A)); and

(C) in providing such technical assistance, give preference to small businesses;

(8) foster the exchange of information respecting, and foster cooperation in the conduct of, research, demonstration, and training

programs respecting health information and health promotion, preventive health services, and education in the appropriate use of health care;

(9) provide technical assistance in the programs referred to in paragraph (8);

(10) use such other authorities for programs respecting health information and health promotion, preventive health services, and education in the appropriate use of health care as are available and coordinate such use with programs conducted under this subchapter; and

(11) establish in the Office of the Assistant Secretary for Health an Office of Disease Prevention and Health Promotion, which shall—

(A) coordinate all activities within the Department which relate to disease prevention, health promotion, preventive health services, and health information and education with respect to the appropriate use of health care;

(B) coordinate such activities with similar activities in the private sector;

(C) establish a national information clearinghouse to facilitate the exchange of information concerning matters relating to health information and health promotion, preventive health services (which may include information concerning models and standards for insurance coverage of such services), and education in the appropriate use of health care, to facilitate access to such information, and to assist in the analysis of issues and problems relating to such matters; and

(D) support projects, conduct research, and disseminate information relating to preventive medicine, health promotion, and physical fitness and sports medicine.

The Secretary shall appoint a Director for the Office of Disease Prevention and Health Promotion established pursuant to paragraph (11) of this subsection. The Secretary shall administer this subchapter in cooperation with health care providers, educators, voluntary organizations, businesses, and State and local health agencies in order to encourage the dissemination of health information and health promotion activities.

(b) Authorization of appropriations

For the purpose of carrying out this section and sections 300u-1 through 300u-4 of this title, there are authorized to be appropriated \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 1996.

(c) Application; submission and approval as prerequisite; form and content

No grant may be made or contract entered into under this subchapter unless an application therefor has been submitted to and approved by the Secretary. Such an application shall be submitted in such form and manner and contain such information as the Secretary may prescribe. Contracts may be entered into under this subchapter without regard to section 3324(a) and (b) of title 31 and section 5 of title 41.

(July 1, 1944, ch. 373, title XVII, § 1701, as added June 23, 1976, Pub. L. 94-317, title I, § 102, 90 Stat.

695; amended July 10, 1979, Pub. L. 96-32, § 7(n), 93 Stat. 85; Sept. 29, 1979, Pub. L. 96-76, title II, § 209, 93 Stat. 584; Oct. 30, 1984, Pub. L. 98-551, § 2(a), 98 Stat. 2815; Nov. 4, 1988, Pub. L. 100-607, title III, § 312(a)(1), (b)(1), (c), 102 Stat. 3113, 3114; Nov. 26, 1991, Pub. L. 102-168, title I, § 101, 105 Stat. 1102; Oct. 27, 1992, Pub. L. 102-531, title III, § 311(b)(1), 106 Stat. 3503.)

CODIFICATION

In subsec. (c), “section 3324(a) and (b) of title 31” substituted for “section 3648 of the Revised Statutes (31 U.S.C. 529)” on authority of Pub. L. 97-258, § 4(b), Sept. 13, 1982, 96 Stat. 1067, the first section of which enacted Title 31, Money and Finance.

AMENDMENTS

1992—Subsec. (a)(11)(C). Pub. L. 102-531 substituted “preventive health services (which may include information concerning models and standards for insurance coverage of such services),” for “preventive health services.”

1991—Subsec. (b). Pub. L. 102-168 amended subsec. (b) generally. Prior to amendment, subsec. (b) read as follows: “To carry out sections 300u through 300u-4 of this title, there are authorized to be appropriated \$9,000,000 for the fiscal year ending September 30, 1985, \$9,500,000 for the fiscal year ending September 30, 1986, \$10,000,000 for the fiscal year ending September 30, 1987, and \$10,000,000 for each of the fiscal years 1989 through 1991.”

1988—Subsec. (a). Pub. L. 100-607, § 312(c)(2), in concluding provisions, struck out “The Secretary shall administer this subchapter in a manner consistent with the national health priorities set forth in section 300k-2 of this title.” before “The Secretary shall appoint”, and substituted “paragraph (11)” for “paragraph (10)”.

Subsec. (a)(7), (8). Pub. L. 100-607, § 312(b)(1), added par. (7) and redesignated former par. (7) as (8). Former par. (8) redesignated (9).

Subsec. (a)(9). Pub. L. 100-607, § 312(c)(1), substituted “paragraph (8)” for “paragraph (7)”.

Pub. L. 100-607, § 312(b)(1)(A), redesignated par. (8) as (9). Former par. (9) redesignated (10).

Subsec. (a)(10), (11). Pub. L. 100-607, § 312(b)(1)(A), redesignated pars. (9) and (10) as (10) and (11), respectively.

Subsec. (b). Pub. L. 100-607, § 312(a)(1), substituted “sections 300u through 300u-4 of this title” for “this subchapter”, struck out “and” after “September 30, 1986.”, and inserted “, and \$10,000,000 for each of the fiscal years 1989 through 1991”.

1984—Subsec. (a). Pub. L. 98-551, § 2(a)(1), added par. (10), and in provisions following par. (10) struck out “and with health planning and resource development activities undertaken under subchapters XIII and XIV of this chapter” after “section 300k-2 of this title” and inserted provisions for appointment of a Director for Office of Disease Prevention and Health Promotion and cooperation in administration of this subchapter.

Subsec. (b). Pub. L. 98-551, § 2(a)(2), substituted “To carry out this subchapter, there are authorized to be appropriated \$9,000,000 for the fiscal year ending September 30, 1985, \$9,500,000 for the fiscal year ending September 30, 1986, and \$10,000,000 for the fiscal year ending September 30, 1987” for “For payments under grants and contracts under this subchapter (other than grants and contracts under sections 300u-6, 300u-7, and 300u-8 of this title) there are authorized to be appropriated \$7,000,000 for the fiscal year ending September 30, 1977, \$10,000,000 for the fiscal year ending September 30, 1978, \$14,000,000 for the fiscal year ending September 30, 1979, \$14,000,000 for the fiscal year ending September 30, 1980, \$15,000,000 for the fiscal year ending September 30, 1981, and \$16,000,000 for the fiscal year ending September 30, 1982.”

1979—Subsec. (b). Pub. L. 96-76 inserted provisions authorizing appropriations for fiscal years ending Sept. 30, 1980, Sept. 30, 1981, and Sept. 30, 1982.

Pub. L. 96-32 inserted “(other than grants and contracts under sections 300u-6, 300u-7, and 300u-8 of this title)” after “grants and contracts under this subchapter”.

SHORT TITLE

For short title of title I of Pub. L. 94-317, which enacted this subchapter as the “National Consumer Health Information and Health Promotion Act of 1976”, see section 101 of Pub. L. 94-317, set out as a Short Title of 1976 Amendments note under section 201 of this title.

MODEL PROGRAMS FOR EMPLOYEE HEALTH PROMOTION AND DISEASE PREVENTION; DEVELOPMENT COMPLETION

Section 312(b)(2) of Pub. L. 100-607 required Secretary of Health and Human Services, not later than 18 months after Nov. 4, 1988, to complete development of model programs required in section 1701(a)(7)(A) of the Public Health Service Act (subsec. (a)(7)(A) of this section).

SECTION REFERRED TO IN OTHER SECTIONS

This section is referred to in section 300u-4 of this title.

§ 300u-1. Grants and contracts for research programs; authority of Secretary; review of applications; additional functions; periodic public survey

(a) The Secretary is authorized to conduct and support by grant or contract (and encourage others to support) research in health information and health promotion, preventive health services, and education in the appropriate use of health care. Applications for grants and contracts under this section shall be subject to appropriate peer review. The Secretary shall also—

(1) provide consultation and technical assistance to persons who need help in preparing research proposals or in actually conducting research;

(2) determine the best methods of disseminating information concerning personal health behavior, preventive health services and the appropriate use of health care and of affecting behavior so that such information is applied to maintain and improve health, and prevent disease, reduce its risk, or modify its course or severity;

(3) determine and study environmental, occupational, social, and behavioral factors which affect and determine health and ascertain those programs and areas for which educational and preventive measures could be implemented to improve health as it is affected by such factors;

(4) develop (A) methods by which the cost and effectiveness of activities respecting health information and health promotion, preventive health services, and education in the appropriate use of health care, can be measured, including methods for evaluating the effectiveness of various settings for such activities and the various types of persons engaged in such activities, (B) methods for reimbursement or payment for such activities, and (C) models and standards for the conduct of such activities, including models and standards for the education, by providers of institutional health services, of individuals receiving such services respecting the nature of the institutional health services provided the individuals and the symptoms, signs, or diagnoses which led to provision of such services;